



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 January 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Operational Update and Progress Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Executive Director of Operations Jill Paterson, Director of Primary Care, Community and Long Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	Gareth Skye, Business & Governance Manager, Central Operations

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This report provides the Board with an update on the progress against recovery plans achieved by the Operational team which are built on the clinical delivery priorities set by the organisation as well as ministerial priorities outlined by Welsh Government (WG). In addition, the report provides a wider and more general operational update.

The purpose of this report is to provide an overview of the context, actions, and progress of planned operational objectives. It does not seek to provide an alternative source of performance data to that contained within the Health Board's routine Integrated Performance Assurance Report (IPAR).

Cefndir / Background

The Operations Directorate and its supporting management teams will be involved in progressing each of the eight priorities set by the Board and whilst some fall under the full control and influence of the Directorate others are less so. Those in the first category are as follows:

- 1) Planned Care Recovery
- 2) Urgent and Emergency Care
- 3) Integrated Communities
- 4) Mental Health and Learning Disabilities
- 5) Vaccinations

Whilst progress updates will provide a continued focus on a number of the priorities, others may be provided cyclically. Equally, some of the above will inherently be delivered through Health Board infrastructures exclusively, whilst others will require a composite approach with support from the Integrated Executive Group (IEG). The IEG sits under the Regional Partnership Board (RPB) and consists of senior officers from Hywel Dda University Health Board (HDDUHB) and its three constituent local authorities. The group advises the RPB on priorities for integration and seeks to address shared operational challenges.

Asesiad / Assessment

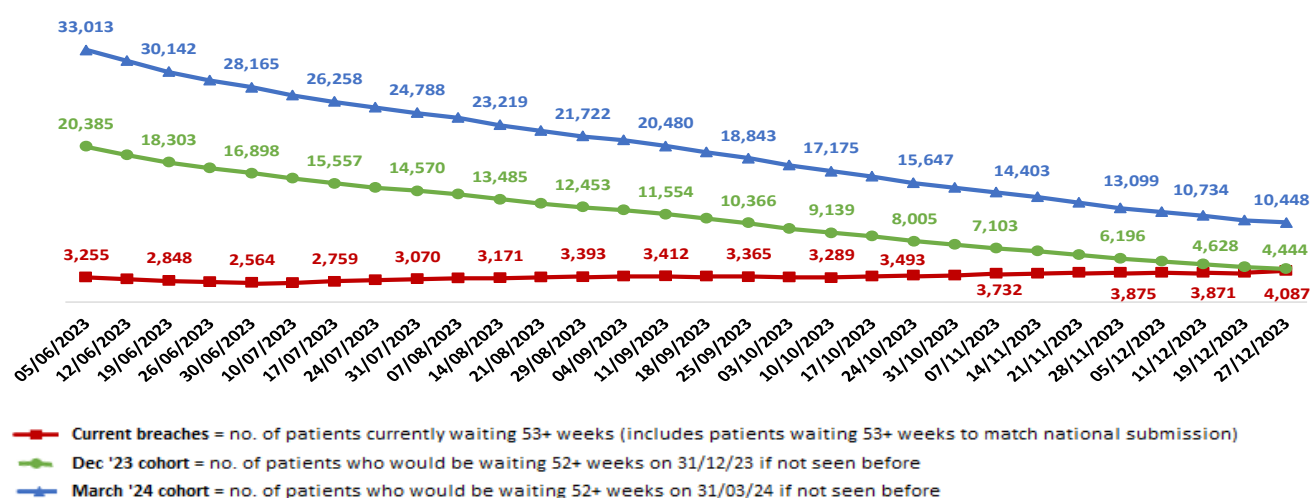
Against the key delivery priorities set by the Board, along with the broader system pressures which exist, the following is provided as an update on the most recent developments within the Operations Directorate:

PLANNED CARE RECOVERY

HDdUHB has continued to make positive improvement progress in respect of the Ministerial priorities for planned care. To supplement improvements achieved through transformation of outpatient care and incremental increases in capacity and activity delivered, further progress is being supported by additional investment via additional Planned Care Recovery funding.

Number of patients waiting over 52 weeks for a new outpatient appointment

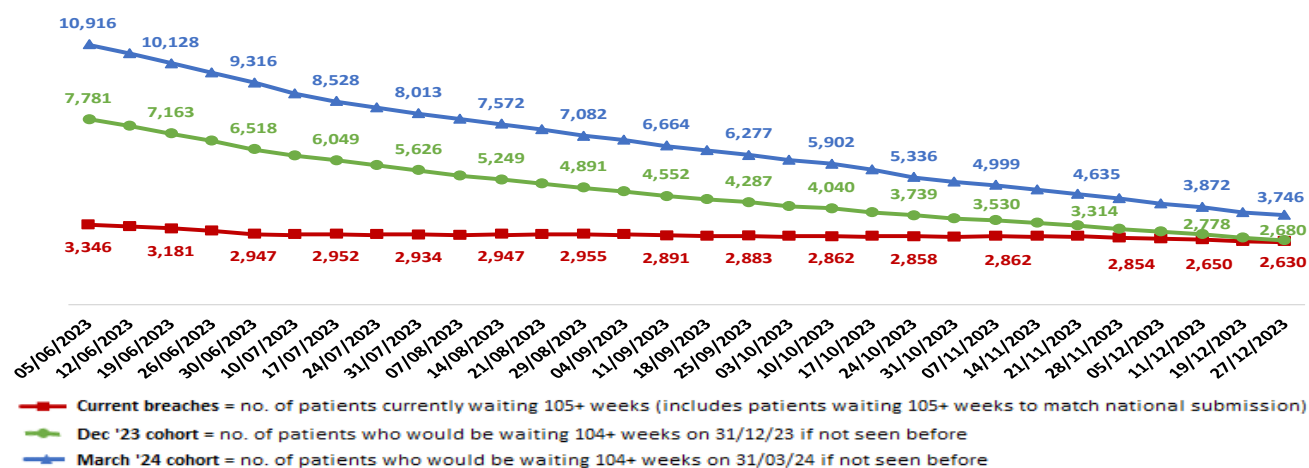
52 week+ outpatient breaches: Weekly breaches, December '23 cohort & March '24 cohort



The cohort of patients who may exceed the 52-week threshold for Stage 1 outpatient waits by December 2023 and March 2024 continues to steadily reduce. However, the current number of patients waiting over 52 weeks for a new outpatient appointment has increased slightly through December 2023. Whilst this remains within agreed trajectory levels reflected in the Annual Recovery Plan, the current breach position reflects the limitations on available additional resource to support further improvements beyond the levels achieved earlier this year.

Number of patients waiting more than 104 weeks for treatment

104 week+ RTT breaches: Weekly breaches, December '23 cohort & March '24 cohort

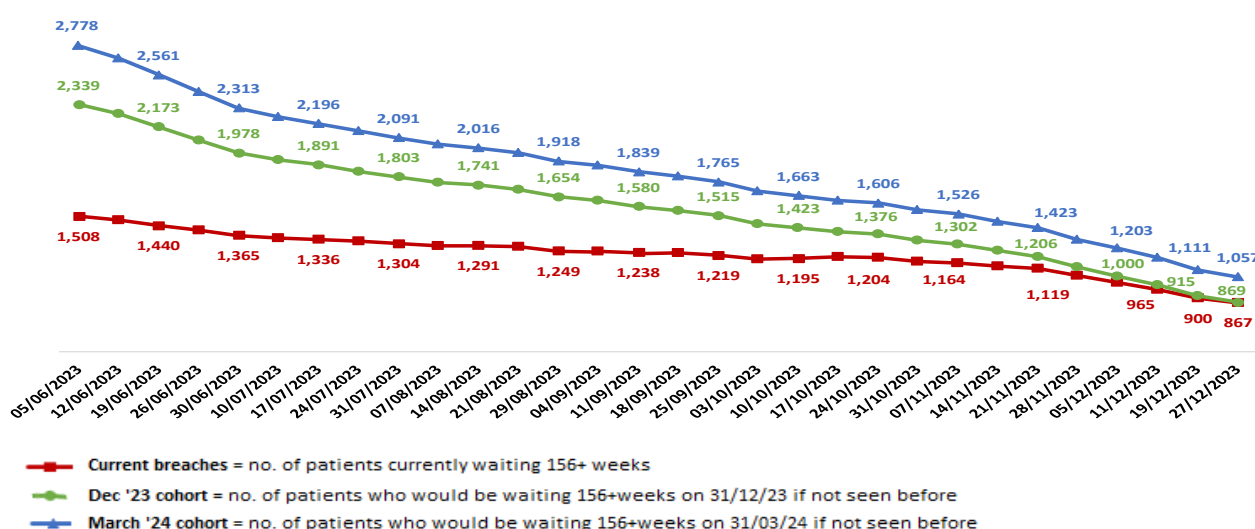


The cohort of patients who may exceed the 104-week threshold for total pathway Referral to Treatment (RTT) waits by December 2023 and March 2024 also continues to steadily reduce, along with a reduced number of patients waiting over 104 weeks through December 2023. Whilst this remains within agreed trajectory levels reflected in the Annual Recovery Plan, the current breach position reflects the limitations on available additional resource to support further improvements beyond the levels achieved earlier this year.

In parallel with the above ministerial priorities, Health Boards have been challenged to make significant progress in reducing longest waits. The table below shows progress since June 2023 in resolving 3 year waits, highlighting both the reported number of patients waiting in excess of 3 years per month and progress achieved in reducing the overall cohort of patients who, without treatment, would exceed 3 years by March 2024:

3-year Referral to Treatment (RTT) cohort at end of March 2024 & weekly breaches

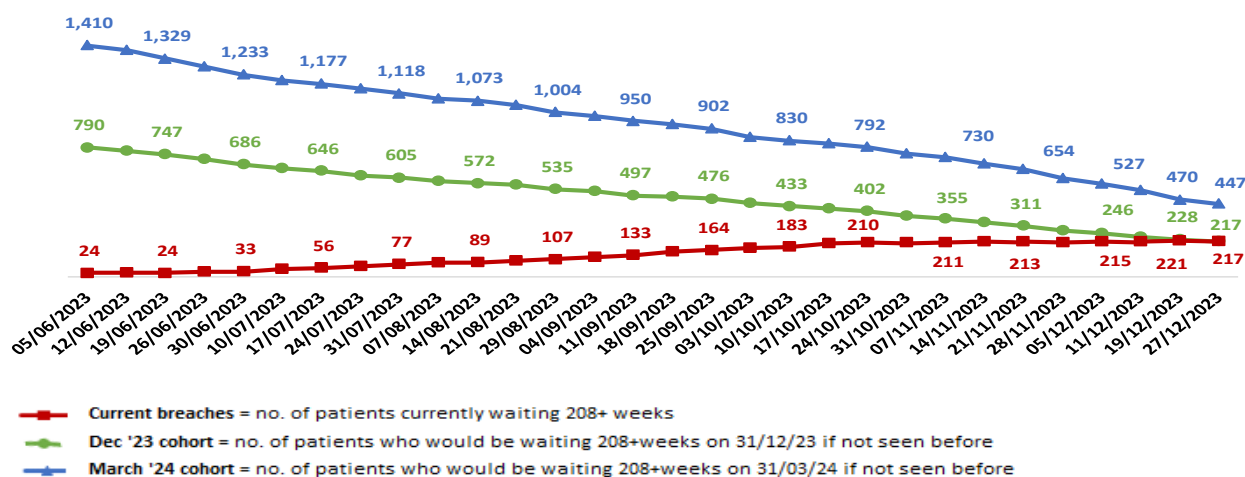
3 year+ RTT breaches: Weekly breaches, December '23 cohort & March '24 cohort



The cohort of patients who may exceed the 156-week (3 year) threshold for total pathway RTT waits by December 2023 and March 2024 also continues to steadily reduce. The current number of patients waiting over 156 weeks has shown further improvement through December 2023.

4-year Referral to Treatment (RTT) cohort at end of March 2024 & weekly breaches

4 year+ RTT breaches: Weekly breaches, December '23 cohort & March '24 cohort



Similarly, the cohort of patients who may exceed the 208-week (4 year) threshold for total pathway RTT waits by December 2023 and March 2024 also continues to steadily reduce. However, the current number of patients waiting over 208 weeks has remained relatively static through December 2023. Most of these patients are awaiting inpatient orthopaedic treatment.

The recent confirmed allocation of £2.8m to support additional planned care recovery improvements is expected to support resolution of 3 & 4 year waits in all specialties (except for orthopaedics) by March 2024. Plans to date include investment of:

- £1.4m in additional internal and outsourced surgical capacity across several specialties
- £0.4m in additional diagnostic capacity (supporting RTT and cancer pathways)
- £0.2m in additional orthopaedic capacity (tbc)
- £0.6m in further enhancements to diagnostic and urgent assessment capacity (tbc)

In parallel with the above planned care recovery workstreams, discussions are continuing with Swansea Bay UHB via the 'A Regional Collaboration for Health' (ARCH) planning programme, to explore practical opportunities to strengthen delivery of key service pathways by sharing workforce and physical resources to support our respective populations.

Regional Orthopaedics

Progress is continuing towards the development of a joint HDUHB / SBUHB regional strategy for the future provision of orthopaedics and the pooling resources and expertise to help reduce the number of long waiting patients across the region. The WG expectation is for both Health Boards to move towards single waiting list at the earliest practical opportunity.

Guided by a regional development programme, supported by a Senior Responsible Officer and Clinical Lead from each respective organisation and senior project support from the WG NHS Executive, initial progress has been achieved with the commencement of shared regional access to operating capacity at Prince Philip Hospital from end November 2023 with regional access to operating lists at Neath Port Talbot Hospital scheduled for January 2024, with the initial aim of reducing the overall volume of patients waiting in excess of 156 weeks (3 years) by March 2024.

Evolution towards a fully regionalised model of care delivery will necessitate further engagement and consultation process with all relevant stakeholders and engagement discussions with clinical groups have continued following the launch event, facilitated by the National Clinical Strategy for Orthopaedic Services Programme team in November 2023. A Clinical Reference Group has been established, along with operational working groups to review and promote consistency in respect of pre-assessment, waiting list and booking processes.

Both Health Boards have been requested to develop further plans for discussion with Welsh Government in January 2024.

Regional Ophthalmology

As reported in the November 2023 update, the ARCH Regional Recovery Group, which is chaired jointly by the Chief Executive Officers of both Health Boards, has approved and endorsed the establishment of a new Executive led Regional Ophthalmology Programme. This new programme will take account of the various national reviews of ophthalmology services conducted in the past 2 years, the recommendations from the Ophthalmology GIRFT reviews undertaken across Wales during the past year and a current review commissioned by WG, which is expected to report in early 2024.

A draft Programme Definition Document (PDD) is currently being developed for further consideration by the ARCH Regional Recovery Group.

In parallel with this, both Health Boards are further exploring opportunities to pool resources and expertise to mitigate risks and capacity deficits in key eye care sub-specialty pathways. To date, SBUHB has been unable to provide additional operating capacity to help reduce cataract waiting times for HDdUHB patients and support for the current fragile Ophthalmology consultant on-call rota, which is supported by 3 substantive consultants in HDdUHB.

WINTER PLANNING

2022/23 was the last year in which Health Boards were required by WG to develop formal Winter specific plans, supported by dedicated winter planning funding allocations. As an alternative, for 2023/24 onwards, Health Boards were requested to ensure urgent and emergency care development plans included those elements and priorities which would historically have featured in Winter specific plans.

HDdUHB's plans for the in-year and longer-term transformation of urgent & emergency care (UEC) pathways are reflected in the Annual Recovery Plan for 2023/24 and reflect WG priorities around the UEC 6 Goals and development of urgent primary care models. Key elements of the HDdUHB approach for winter 2023/24 are reflected in the Transforming Urgent and Emergency Care (TUEC) and Primary Care updates later in this report.

Whilst urgent and emergency care related capacity pressures have continued across our acute and community services during winter 2023/24 to date, with extreme pressures experienced across NHS Wales during the first week of January 2024, initial data suggests ambulance handover delays over the Christmas period showed an approximate 50% improvement compared with the same period 12 months ago. All hospital sites were reporting steady improvements in handover delays through the second week of January 2024 and a more detailed comparative assessment of key performance and patient experience metrics will be provided in the March 2023 update to Board.

Primary and Community Care

In line with the requirements to respond to the Ministerial Milestones, all GP Practices have been asked to review their Business Continuity Plans and to discuss them at Collaborative and Cluster level to ensure that alternative arrangements are in place for business continuity wherever possible.

A key action for completion in Quarters 3 and 4 is for Clusters to identify the top 1% of their high-risk patients and have multi agency anticipatory care plans in place. North and South Pembrokeshire have already been working with the Paul Sartori Foundation on a Cluster project for Future Care Plans (FCPs) to be put into place.

TRANSFORMING URGENT AND EMERGENCY CARE (TUEC) PROGRAMME (6 GOALS)

Impact of TUEC programme on '3C' Outcome Indicators

Conveyance – Overall a reducing trend but increasing over the past 3 months.

Whilst the overall trend in the number of individuals arriving by ambulance is reducing, the most recent 3 months has seen a consistent increase in those arriving at emergency departments conveyed by ambulance. Arrival volumes in 2023 are consistently higher than those seen in 2022 but remain lower than pre-COVID levels. This is reflective of the continuing pressures being experienced at the emergency department front doors of the acute hospital sites.

As a balancing measure, the number of individuals self-presenting at emergency departments has been increasing across this financial year, although for the past 3 months this has been variable. The overall trend for self-presenting is significantly higher than 2022 but again remains lower than the pre-COVID level.

Conversion – Overall trend continues to reduce.

Whilst the overall trend in emergency admissions is reducing, there has been an uncharacteristic and unseasonal increase in emergency admissions seen since April 2023. This is a continuing trend.

All four acute hospitals systems are showing an overall reducing trend since 2020 but the trends for this year on the four acute sites is a very different picture:

- Bronglais General Hospital is static and seasonal
- Glangwili General Hospital continues to see a rising number of admissions almost back to pre-COVID levels
- Prince Philip Hospital has experienced a significant increase in admissions between June and October 2023, but this has reduced in November 2023. However, numbers remain elevated when compared to 2022 admission numbers
- Withybush General Hospital; following a modest rise in admissions between July and August 2023, continues to experience reduced numbers overall

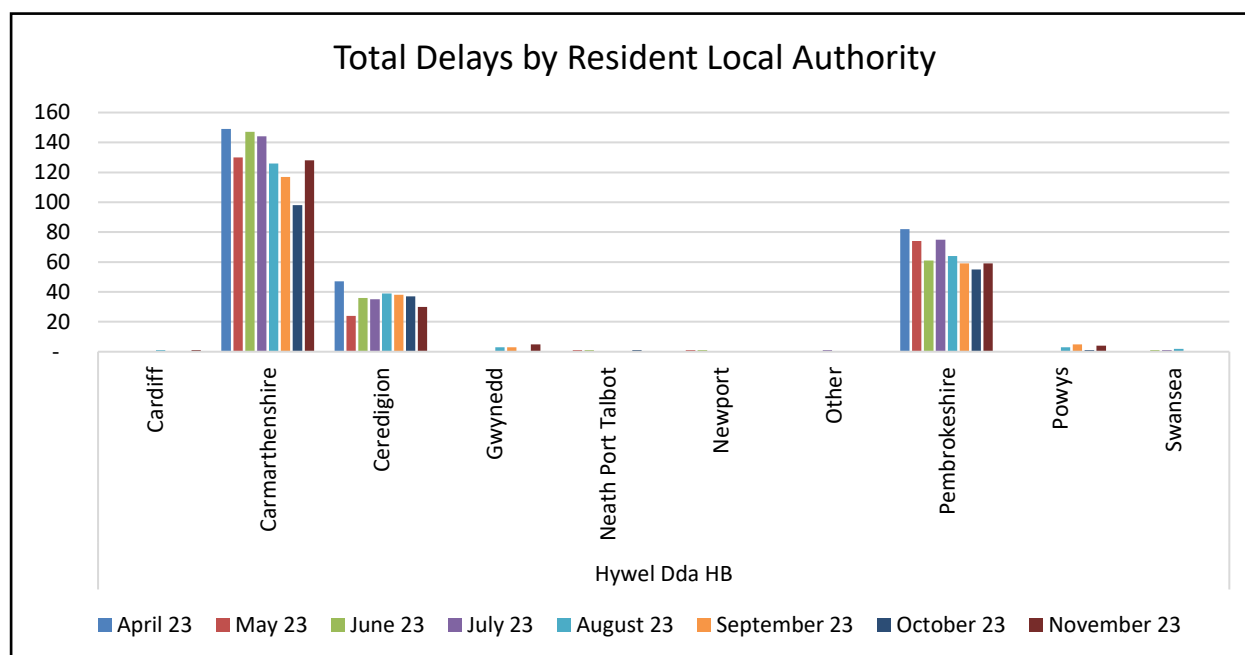
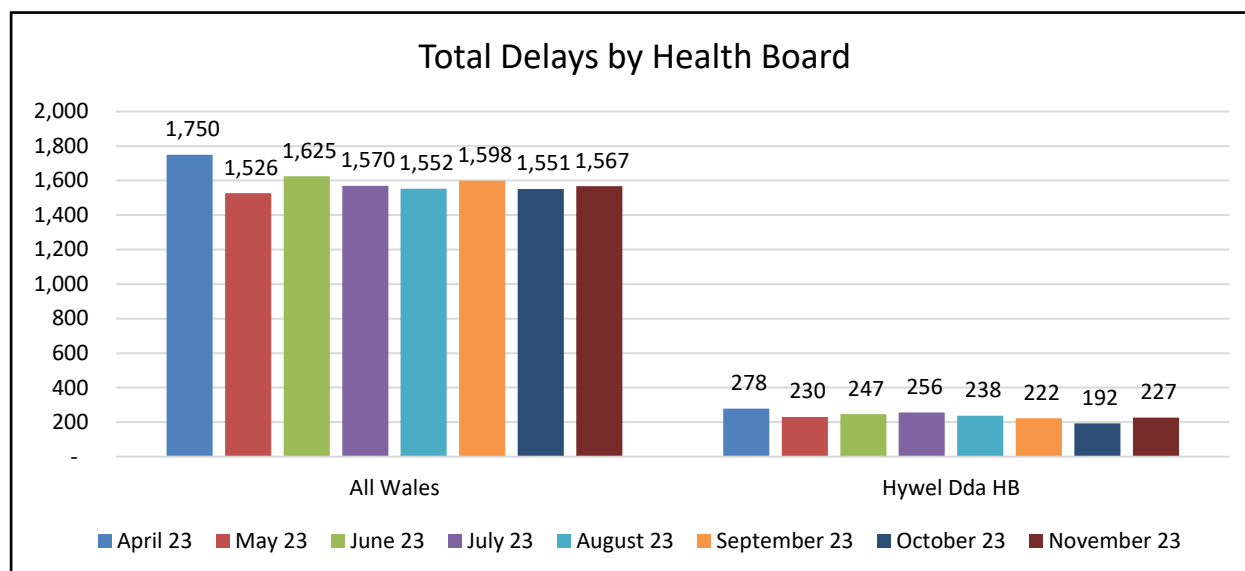
It should be noted that this indicator does not take into account those individuals who completed their 'inpatient stay' within the emergency department. A reasonable proxy for this patient cohort is the number of 12-hour delays within the department, with the caveat that not all 12-hour delays would have required an inpatient stay. The number of 12-hour breaches has been reducing since August 2023, with the November 2023 position being modestly lower than the figure for November 2022.

Complexity – Trend since April 2023 has shown a downward trend.

The impact of increased admissions coupled with a potentially longer LoS has a significantly negative effect on the ability of acute sites to reduce surge bed uptake and improve patient flow and hence reduce ambulance handover delays. Reducing the proportion of patients who stay in hospital longer than 21-days is a core outcome measure for the TUEC programme (managing complexity) and a ministerial measure. The numbers of emergency admissions with a length of stay over 21-days continues to reduce since it peaked in March 2023. At the end of November 2023, there were 388 patients across the Health Board in this category, compared to 499 in March 2023.

PATHWAY OF CARE DELAYS (PoCD)

The number of Pathway of Care Delays (PoCD) showed an increase in numbers compared to the previous month, but the trend has reduced consistently since April 2023 when reporting resumed following the COVID pandemic. This is in line with a broader trend of improvement across Wales. the region continues to deliver a greater reduction in PoCD numbers over the period 18.5% than the All Wales reduction of 10.5%. This improvement is broken down in greater detail in the graphs below.

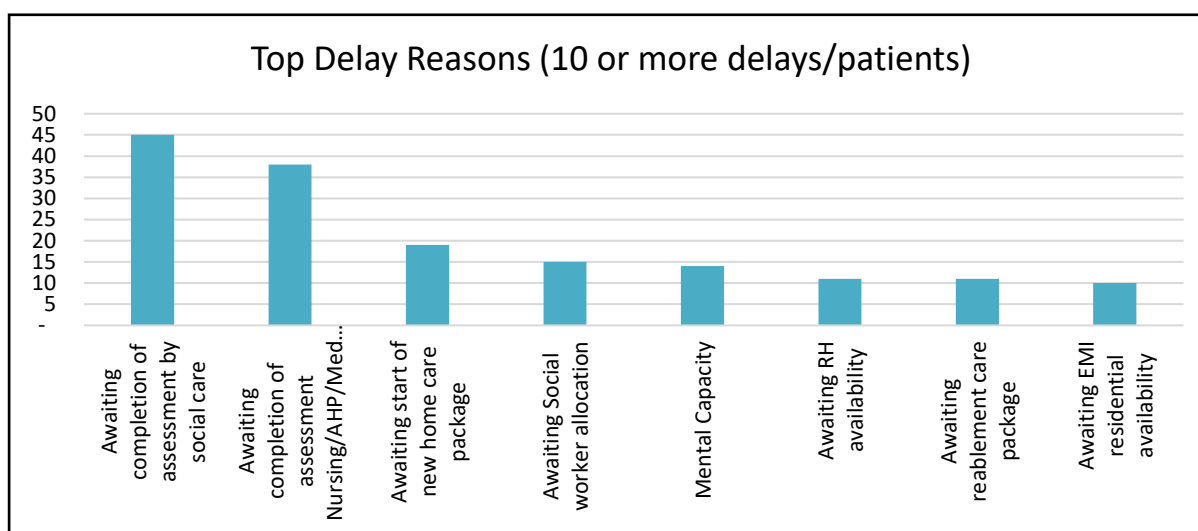


The top reasons for delays across the region remain within the assessment phase for those waiting an assessment by social care or by Nursing/AHP/Medical/Pharmacy. In contrast, there has been an increase in those waiting for an intermediate care bedded facility, issues related to patient/family choice.

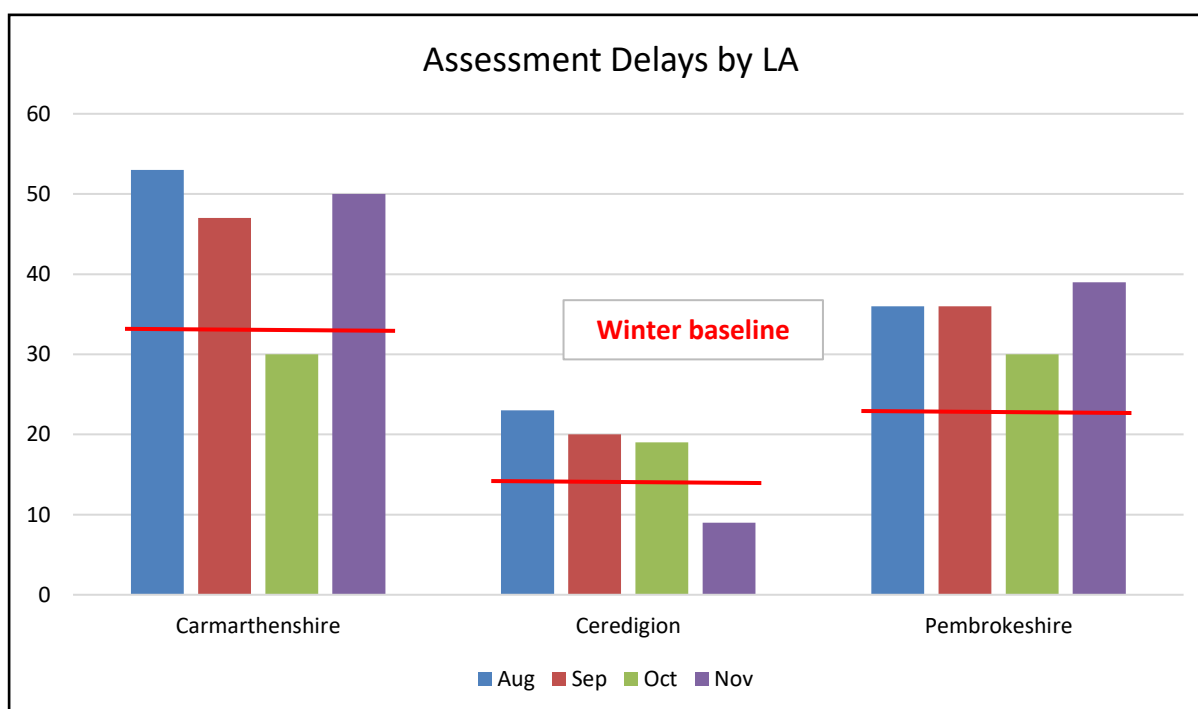
However, there has been a reduction in those individuals waiting for a new care home package, those awaiting joint assessment, awaiting Continuing Healthcare (CHC) assessment, patient/family refusing to move to next stage of care/discharge, awaiting completion of adaptations and awaiting palliative care POC.

The top reasons for delay across the region are:

Delay Reason	October 23	November 23
Awaiting completion of assessment by social care	35	45
Awaiting completion of assessment Nursing / AHP/Medical/ Pharmacy	23	38
Awaiting start of new home care package	29	19
Awaiting Social worker allocation	10	15
Mental Capacity	n/a	14
Awaiting reablement care package	11	11
Awaiting RH availability	11	11
Awaiting EMI residential availability	10	10



Against the system resilience measure of reducing the number of delays associated with the assessment phase of the pathway to a baseline of 60% of the August 2023 figure reported, Carmarthenshire and Pembrokeshire have seen significant increases compared to those reported in October 2023 and now are at or higher than the baseline figure of August 2023.



The Hospital Discharge Guidance issued by Welsh Government December 2023 will inform the Health Board's review of the Discharge and Transfer of Care Procedures/Policy. A Task and Finish Group has been established through the nursing leadership.

The Regional Joint Community Equipment Store review is established through the Regional Partnership Board to ensure alignment of the 3 County joint equipment stores, to enable a collaborative approach continues across the Hywel Dda footprint in the provision of equipment to support the Health and Social care needs of the population.

The effort continues to reduce by 60% 'Assessment delays' as a reason for a pathway of care delay in each Local Authority Area (August 2023 baseline) by the end of December 2023.

Workforce challenges in Health and Social Care sector continue with financial pressures on statutory sector services. The market instability in the independent sector, including nursing/ EMI/residential homes and domiciliary care provision continue to present challenges.

Ceredigion

The challenge in Ceredigion is around undertaking Health or Joint assessments rather than Social Care Allocation and Assessments.

The top reasons in Ceredigion are:

- Patient/family choice related issues
- Awaiting completion of assessment Nursing/AHP/Medical/Pharmacy
- Awaiting transfer to intermediate care bedded facility
- Awaiting joint assessment
- Awaiting Residential care home manager to visit and assess (Standard 3 residential)

To assist with timely patient flow and ensuring that people are making decisions about their long term care needs in an appropriate environment, we continue to commission interim beds in nursing homes for a period of 5 weeks. This initiative is successful due to the oversight by an allocated Nurse Lead, who assists the patient and their families through the process and provides support to the nursing homes.

Within the county, certain of the Residential Homes are having capital investment to improve the patient environment, which has resulted in the availability of beds; this work is ongoing. This will impact on immediate care bedded facility and the ability of care home managers to undertake assessments.

A Community Clinical lead Nurse is currently based in BGH to oversee and review current discharge arrangements and monitor improvement across all discharge to Recover and Assess Pathways. A report has been completed highlighting areas which will require improvement.

The Behavioral Physiology Team completed their report following the work undertaken to support expectation-setting through communication with patients/families/carers across the patient pathway.

A full evaluation of both reports will be undertaken in the New Year, and this will inform the establishment of a clinical coordinating hub and highlight any process issues in relation to the whole discharge pathway.

Local Authority partners are building on existing TA roles with refresh and expansion framework for prescription and installation of equipment through the Disability Living Fund. Ceredigion is continuing with the development of an education programme involving the upskilling of Local Authority enablement staff to undertake delegated tasks.

Pembrokeshire

Pembrokeshire has seen a reduction in PoCDs for those awaiting social care allocation, this has been enabled due to additional Care Assessor roles within the Joint Discharge Team.

The County has completed a deep dive into the delays of social worker assessments. A contributing factor is allocation of a social worker for a clinically optimised patient who is not clinically optimised when the assessment is due to commence. In addition, the pressures as a result of RAAC and decanting/decommissioning areas has put increased pressure on the team this month.

Awaiting social care assessment and awaiting completion of assessment Nursing/AHP/ Medical remain Pembrokeshire's most significant care delay. Data is being collected specifically around the type of delay, ie nursing/AHP/medical, to understand the root causes of the delays and to identify the improvements needed.

The approach in Pembrokeshire is on building relationships to maximise the benefits of the TA role. In addition, there is focus on empowering front-line staff to identify where the TA role could work well and for individuals to lead on delivering pilots to test this approach.

Progress is being seen, although limited given the RAAC pressures, towards Trusted Assessor pilots for mental capacity assessments, reablement bed assessments, adjustments in POCs and Front door assessments.

Other improvements which will positively impact pathway of care delays: an additional care run has been established within the Milford Haven area that has reduced the wait for care within the area. The establishment of Peer Reviews to ensure consistency in care provided. Focus on right sizing care and using the three pillars based on 'what matters to me' conversations and strengths based individual and community assets before going directly to statutory services.

Continued collaborative working with the Local Authority and Third Sector colleagues is achieving flow and safe patient transfer. The exploration of alternate care models continues to meet the increasing complexity of patient need.

Carmarthenshire

Data up to the November 2023 census return demonstrated an improving position both in terms of those awaiting social worker allocation and waiting social work assessment. However, November census data showed a significant deterioration with regards to the numbers waiting social work assessment, whilst the numbers waiting social work allocation remained very low.

A detailed analysis is underway currently to understand the detail behind this overall deteriorated position, however, initial indications would suggest that the high numbers were

due to a combination of high levels of complex patients in the acute sites (both GGH and PPH) who were not suitable for proportionate assessment and a surge in cases who turned clinically optimised and post 48 hours who were allocated to Social Workers that were then undergoing assessment at the time of the census day.

Whilst in isolation, this deteriorating position is concerning, overall numbers coming through the single point of access have increased, suggesting the new Gateway Proportionate Assessment process is having a positive effect and we have increased the numbers discharged from both acute and community hospital sites through preventative Intermediate Care services. However, this is against a backdrop of increasing frailty and complexity of patients.

The Community Gateway process continues to be rolled out and focus has now turned to the Rehab wards in terms of the training being provided to acute staff.

In addition to the work taking place in terms of pathways of care out of hospital, there has been a significant increase in the numbers of people being supported in the Community via crisis response and the APP Navigator, who are successfully provided with clinically safe alternative pathways to hospital.

The clinical streaming hub are running at around an average of 40% shift deficit with the APP Navigator. The County team continues to work with WAST to ensure continuity of cover in the future. An improved position is expected from April 2024 with additional APPs coming through the training programme. There is a notable increase in pressure on both front doors when the APP is not operating. From January 2024, Consultant Connect will be operating, which will allow paramedic crews the opportunity to directly contact the clinical streaming hub medics in Eastgate for advice, to enhance alternative pathway options to hospital.

PRIMARY CARE

Primary and Community Services Strategy

A stakeholder questionnaire for all four Primary Care contractors, staff and the four professional bodies was shared in early December 2023 with a closing date of 2 January 2024.

Understandably, due to the time of year, the response rate so far has been lower than hoped for and, as a result, there are ongoing discussions around a potential extension to the engagement period to allow the collation of a more robust response.

An update on work on the Strategy to date was presented at the Board Seminar on 14 December 2023, alongside presentations on two Cluster projects; First Contact Practitioner in South Ceredigion and Future Care Planning in South and North Pembrokeshire; both of which demonstrate a system saving and improved care to patients. Development of the Strategy remains on target, with the aim of presenting an Issues Paper to the Public Board meeting in March 2024.

Unified Contract

Whilst the Regulations for the new unified General Medical Services contract were issued in October 2023, the supporting paperwork to enable the production of revised schedules to enact the contract changes was shared by Welsh Government on 20 December 2023. There is an expectation that every GP Practice has a contract variation in place by March 2024.

Cross Hands and Tumble Medical Practice

In terms of an update on the formal procurement exercise to seek a new provider to take over the provision of General Medical Services: The Invitation to Tender (ITT) documents went live on Bravo eTenderWales on 19 December 2023 and will close at midday on 22 January 2024.

Ystwyth Medical Group and Llanilar Surgery Merger

Unfortunately, merger discussions between Ystwyth Medical Group and Llanilar Surgery have stalled, with Llanilar Surgery looking at other options to support future sustainability. HDdUHB will continue to work with the Practice to support their identified solution.

Neyland and Johnston GP Practice

The Invitation to Tender (ITT) closed on 21 December 2023 and shortlisting for interview for a new General Medical Services (GMS) or Alternative Medical Provider Services (APMS) contract will be undertaken prior to interviews being held on 8 January 2023. It is anticipated that any new contract award will be in place from 1 April 2024, subject to Board approval.

Primary and Community Services Academy

HEIW has confirmed that non-recurrent seed-corn monies have been allocated to each Health Board for spend in 2023/24. Allocation to the Hywel Dda Academy is £38,500 with the deadline for proposals of 20 November 2023. The Academy has worked with Steering Group members to produce a Plan on a Page for each proposal submitted and met with the HEIW team on 8 November 2023 to discuss these proposals before formally submitting them before the deadline; confirmation has been received that all the proposed projects were successful.

Workstream 1: Workforce Planning	<p>Further work on the development of the '4Cs' approach underpinning the quality of evidence based primary care to inform discussions in relation to multi-professional working and workforce planning.</p> <p>Engaged in discussions to support workforce planning in:</p> <ul style="list-style-type: none">• Ashgrove Medical Centre• Argyle Medical Group• Solva Surgery
Workstream 2: Education & Training Programmes	<p>Finalising and issuing the Training, Education and Learning Needs Survey of Primary Care and Community Services workforce.</p> <p>Continue to support the rollout of national HEIW programmes including:</p> <ul style="list-style-type: none">- New to GPN programme – working with the Head of Primary Care Nursing- GP Integrated Care Fellowship Programme- Practice Manager development and support programme- Urgent Care Practitioner (UCP) Framework- GPN Undergraduate Nursing Placement Programme <p>Engagement with stakeholders to inform the development of plans on a page for training and education to be supported by 'seed corn' monies from HEIW.</p> <p>Attendance by Academy Team to two day 'Essentials of Simulation' training; visit to Swansea University's new simulation training suite. Funded by the seed corn money.</p>
Workstream 3: Educators & Learning Environments	<p>Working with the Welsh Ambulance Service Trust (WAST) to facilitate placements for Advanced Paramedic Practitioners (APPs) in Primary Care – one APP successfully placed in Meddygfa Minafon to date.</p> <p>As part of scoping meetings held, discussions have taken place with the different services to better understand the current picture and issues relating to educators.</p>

Workstream 4: Embedding New Roles	Development of PA Development Forum and APP Development Forum with sessions to be held in November 2023 and February 2024. Both events were supported by the seed corn funding.
Workstream 5: Workforce Development	Further engagement with HDdUHB's Apprenticeship Academy to explore ideas about developing apprenticeships in Primary Care
Workstream 6: Welsh Language Skills	Finalising of new resource packs to support Welsh language skills development of the Primary Care and Community Services workforce. Planning of awareness raising and learning sessions, building on the resource packs, to be held in November 2023.

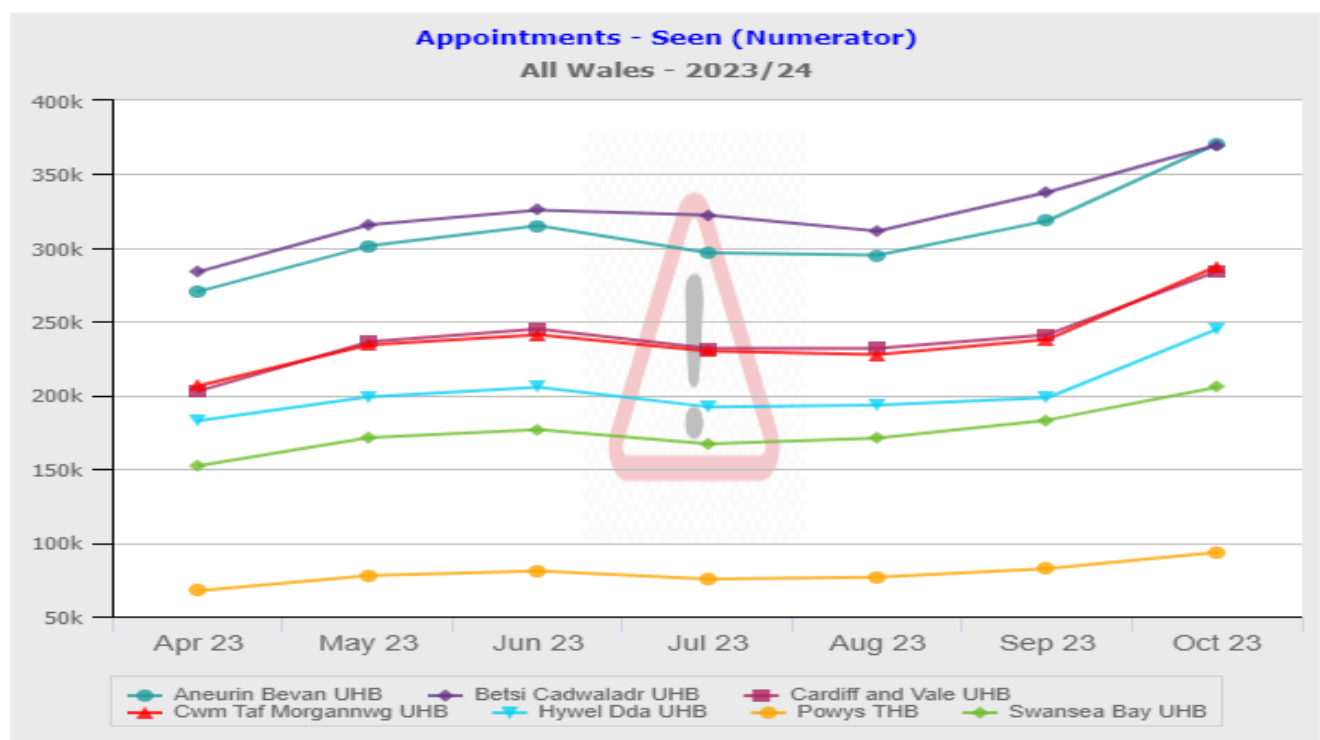
The Academy is looking forward to its work programme in 2024, which will include a dedicated piece of work with one of the Managed Practices to look at the concept of micro teams and the required workforce and planning a "show and tell" day for new roles and their colleagues to talk about how they work and what they do.

Primary Care Data

Significant work has been undertaken to provide several Power BI dashboards that, coupled with the guidance from Welsh Government on the ability to share the GMS Access Quality Improvement (QI) data on access, means that there is now greater information available on the level of activity that is undertaken across the Primary Care Contractors.

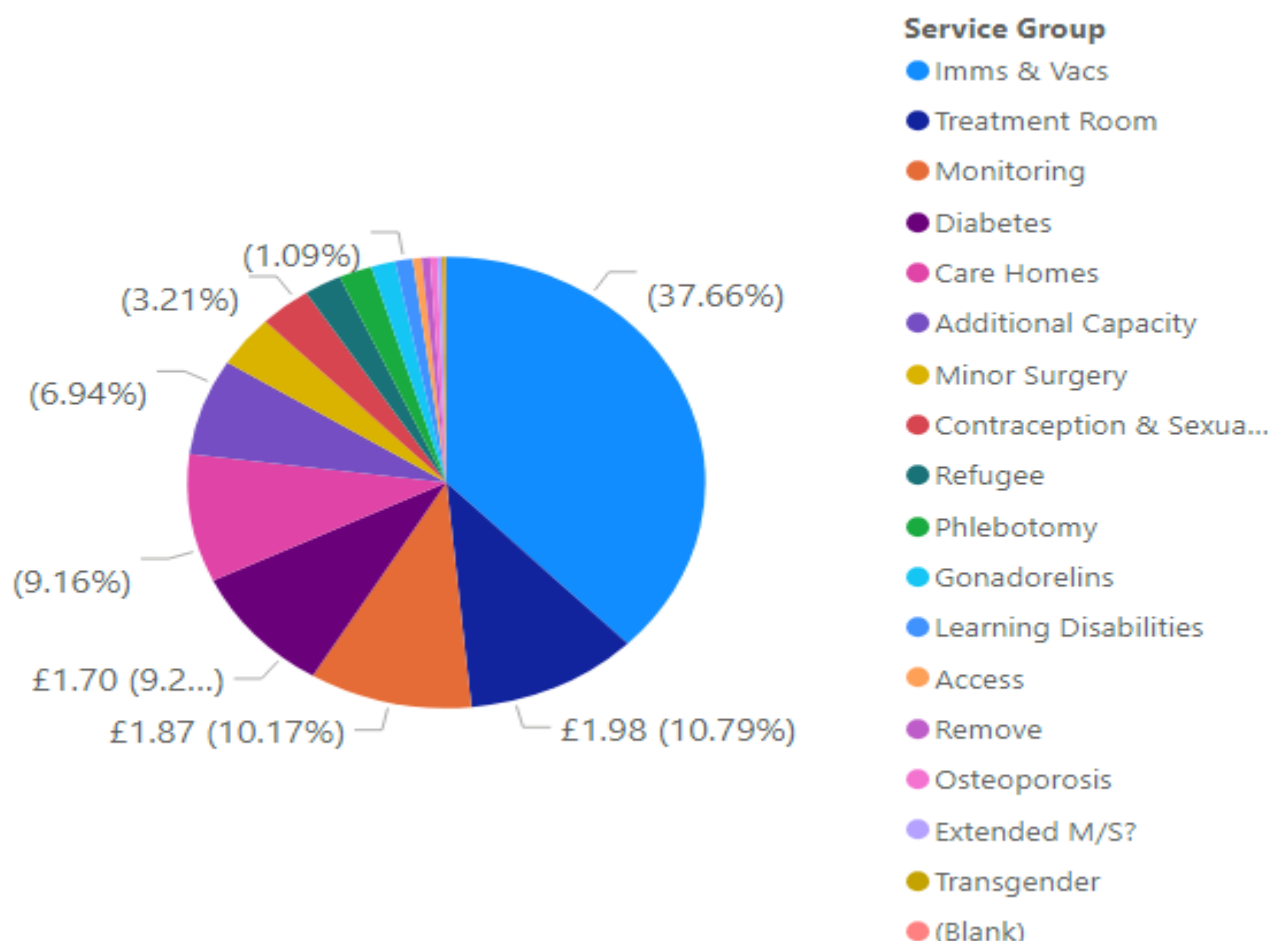
General Medical Services

In 2022/23 there were 2.5 million appointments across the 48 GP Practices, with 61% of those patients being seen face to face. 62% of the appointments were planned or for chronic conditions management. The graph below shows the number of appointments in comparison to other Health Boards across Wales. As expected for the time of year, there is a steady increase in the number of patients being seen as we move through the autumn months and into winter.



Similarly, the number of Did Not Attends (DNAs) has also increased from circa 8,000 per month over the summer months (June, July and August) rising to 10,038 in September and 18,286 in October 2023.

In the same financial year, £7.2 million was invested in the delivery of Enhanced Services, with the range of service provision set out in the graph below. The provision of vaccinations and immunisations has the greatest level of activity:



Escalation Tool

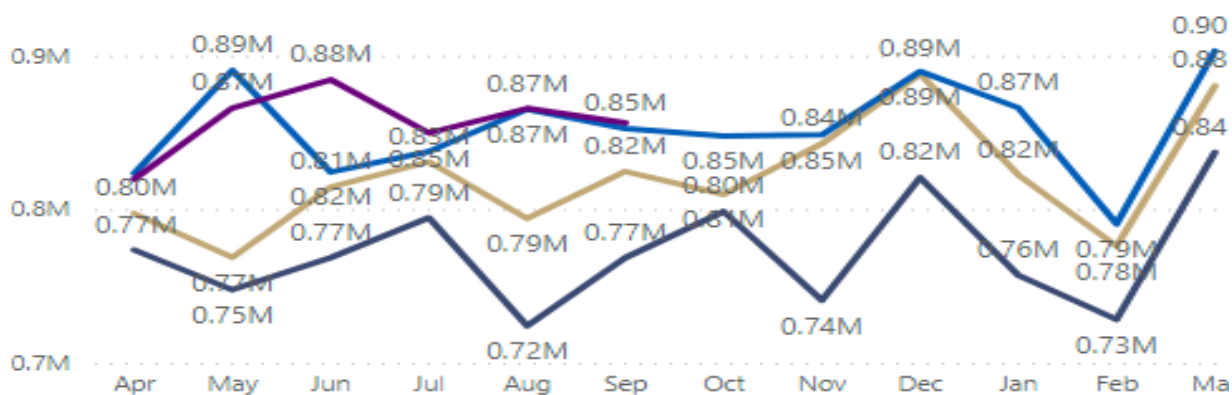
Over recent weeks, and appearing to be in response to the failure to conclude GMS contract negotiations, there is a significant increase in the number of Practices who are reporting higher levels of escalation. As of 20 December 2023, there were nine Practices reporting Level 4 and 18 at Level 3.

Community Pharmacy

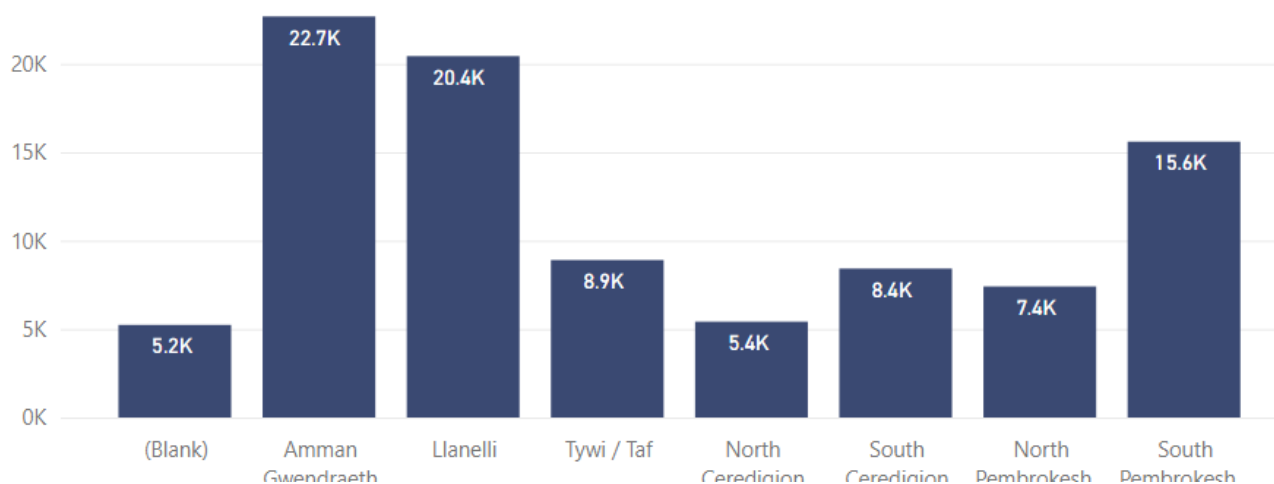
There were 10.2 million prescriptions dispensed in 2022-23. The graph below shows the current and previous trajectories for items dispensed and, despite the changes in the contract to move away from the number of items dispensed to wider service provision, to date there appears to be little change.

Items Dispensed Over Time

Financial Year ● 20/21 ● 21/22 ● 22/23 ● 23/24



32,412 people seen through the Common Ailments Service (CAS) and the table below shows the level of delivery across the seven Clusters.



Optometry

The Independent Prescribing Optometry Service (IPOS) was developed as part of the directive from Welsh Government during the COVID-19 pandemic to ensure that patients were able to continue to have access to services that would otherwise mean attendance at a hospital site. The service has continued to be funded and is now part of the new Optometry contract under WGOS5.

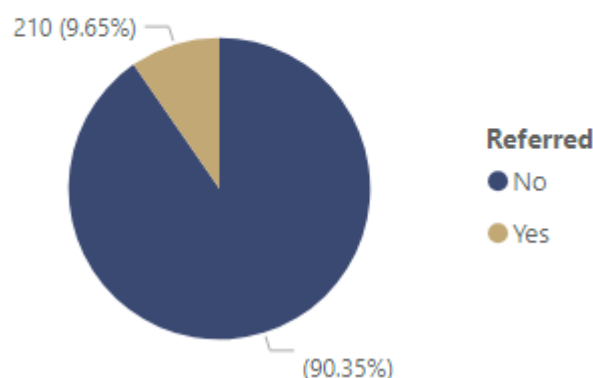
The table below shows the outcome for patients accessing the IPOS service.

Outcome (Top 6)



Of those seen, 9.6% of patients required onward referral for more specialist services with the majority of patients being managed solely within the service.

Referred



MENTAL HEALTH AND LEARNING DISABILITIES (MH&LD)

Integrated Psychological Therapies & Local Primary Mental Health Support Services

Performance has dipped marginally in October, with 308 (41.8%) patients out of 909 waiting less than 26 weeks to start psychological therapy within the Integrated Psychological Therapy service.

Demand continues to exceed capacity; therefore, the service continues the focus on group therapeutic interventions. 532 letters have been issued to those individuals waiting >26 weeks to offer group therapy.

October 2023 returns for Part 1A assessments undertaken within 28 days in Local Primary Mental Health Support Services was 96.7%, with Part 1B returns at 96%. A review is underway in respect of the Part 1 scheme with partner agencies to ensure that the service structure is aligned with the measure.

The new GP Cluster Well-being Service has been fully recruited to. The service is working closely with GP colleagues and 111 Option 2.

Adult Mental Health

Recruitment in Llanelli has improved with 6 vacancies filled. There is a mixture of both internal and external amongst the successful candidates, and these will be onboarded through January and February 2024. Recruitment in Pembrokeshire has improved; however, the service continues to experience recruitment challenges in Ceredigion.

The new service specification for Community Mental Health Centres (CMHCs) and Community Mental Health Teams (CMHTs) has been finalised and is currently out for consultation with staff and partner organisations.

Following a review of Out of Hours, it has been agreed that the service will be restructured to become operational on a 24/7 basis in line with service need. The new model is being agreed and will include moving the management of the service to Adult Inpatient Services.

Following the review of S136 facilities and the decision to temporarily close the Alternative Place of Safety in Gorwelion due to identified risks, several multi-agency partner meetings have taken place to discuss the outcome and implications of the review. Partnership working as a new way of working will continue in line with the recommendations of the report, national guidelines and best practice.

111 Option 2 demand continues to increase, with 1,847 calls received in November 2023. 1,185 of these received a triage assessment and brief intervention, with 545 provided with self-care advice/Third Sector advice. 49 were handed to Community Mental Health Teams/Crisis Resolution and Home Treatment Teams (CMHT/CRHT), 10 to Specialist Child & Adolescent Mental Health Services (SCAMHS), 22 callers were advised to present to A&E, 34 were transferred to Police 101, and 34 individuals were escalated to 999 due to acuity/risk.

Older Adult Mental Health (OAMH)

Overall occupancy is at 73%, against a target of 85% inclusive of surge capacity and at 81% excluding surge capacity.

Pathways of care delays remain excessive at 13 (35% of bed base capacity). The service continues to collaborate closely with the Long-Term Care Team and Local Authority colleagues, who are actively supporting the acute pathway flow with exit planning and additional staff.

Caseloads, acuity and clinical risk within Community Mental Health Teams (CMHTs) remain elevated.

All Occupational Therapy (OT) posts in in-patient and community are now recruited to, with a Band 4 recently appointed and a Band 6 due to commence in December 2023.

The Dementia Well-being Team (DWT) post diagnostic Occupational Therapy (OT) waiting list continues to reduce and is now almost complete. However, there is a projected overspend in the Regional Improvement Fund (RIF) in 2024/25, which has resulted in some OT posts being held until September 2024. DWT services across all acute sites continue to be impacted by high vacancy rates. The service is currently reviewing structures prior to a new recruitment drive.

Psychology team vacancies remain at 2.5 WTE, with an agreed skill-mix plan in place to mitigate.

Specialist Child & Adolescent Mental Health (SCAMHS)

In October 2023, performance has improved with 93.8% achieved against Part 1A. Part 1B figures again has improved with 87.3% achieved against the measure. Of the 71 children and young people waiting, 9 waited longer than the 28-day target.

The Crisis Assessment and Treatment Team has relocated into the new 24/7 Hwb in Carmarthen which will improve integration, with the services being able to provide seamless care to children and young people in crisis.

Work has begun to develop shared pathways for school pupils, including post-school counselling access to School in Reach CAMHS consultations, which will help to prevent the need for unnecessary referrals into SCAMHS primary mental health services.

Team leads have undertaken demand and capacity training to enable process mapping of current systems and pathways to improve efficiency and reduce time to assessment.

The service is being impacted by long-term sickness in the crisis team and one of the primary mental health teams. Work is underway in partnership with Workforce and Organisational Development colleagues to improve the situation. Alongside, the service is undertaking job planning and caseload reviews to optimise capacity across the service as well as sharing resources between county teams to improve capacity where needed.

Learning Disabilities

The Learning Disability Service's Improvement Programme coproduction and engagement sessions have taken place for people with lived experience, staff and carers in the last quarter. Improvement Cymru colleagues facilitated several staff workshops on the new model including what the core service offer will be, in line with Improving Care Improving Lives. Process mapping for community and inpatients settings is underway, which will streamline pathways from point of referral through to discharge.

Learning Disabilities Nurse recruitment issues continue to have an impact on the Service. The professional lead nurse job description has been reviewed in line with new service model and is currently in the process of job evaluation. This role is essential in moving new service developments forward as it will lead on the development of the clinical pathways.

In October 2023, 38 patients of 109 (34.9%) were waiting less than 26 weeks to start a psychological therapy in the Learning Disabilities Psychology Service, with 71 patients (65.1%) waiting more than 26 weeks. All new referrals are screened, and priority given where possible. A waiting list review has been undertaken and individuals on the waiting list have been contacted by telephone and easy read letters. 3 WTE Band 5 Behaviour Practitioners and 2 WTE Band 5 Assistant Psychologists commenced in November 2023.

Adult Inpatient Services

Demand on in-patient beds remains high, with a continued need for agency staff to meet acuity levels and cover establishment deficits. The service has been able to decommission two private Psychiatric Intensive Care Unit (PICU) beds that were in use during the previous reporting period.

In line with the Directorate's annual recovery plan work, three health care support workers (HCSWs) have been recruited and are currently going through the on-boarding process. This will contribute to reducing agency spending once they are in post.

REINFORCED AUTOCLAVED AERATED CONCRETE (RAAC) PLANK UPDATE

Task Name	Status	Duration (Days)	Start	Finish
2023/24 construction summary	In progress	220	15/05/23	15/03/24
Potwash advanced work	complete	50	15/05/23	21/07/23
Emergency propping/advanced work	complete	50	24/07/23	29/09/23
Ward 9	complete	86	12/06/23	08/10/23
Ward 12	complete	91	10/07/23	12/11/23
Temp kitchen enablement work	complete	40	11/09/23	03/11/23
Temp kitchen facility	complete	81	14/08/23	04/12/23
SPH additional bed capacity	complete	50	16/10/23	22/12/23
Ward 7	complete	55	09/10/23	22/12/23
Ward 11	complete	55	09/10/23	22/12/23
Ward 8	construction phase	75	04/12/23	15/03/24
Ward 10	construction phase	75	04/12/23	15/03/24
OPD A	mobilisation phase	75	29/01/24	10/05/24

Further to the update in November 2023, RAAC improvement works have continued and an updated financial position is set out below. There has been a reduction in expenditure in the current financial year, with a transfer of the budget balance into 2024/25 when it will be needed. WG are supportive of this approach as they appreciate the complexity of actions required for next year, including completing OPD A, the physiotherapy gymnasium, and the main kitchens.

A summary of the financial position is as follows:

Budget 23/24	£	7,692,577.01
Anticipated spend	£	6,531,996.82
<i>Underspend</i>	<i>£</i>	<i>1,160,580.19</i>

Planned 24/25 spend	£	5,106,839.09
<i>Add 23/24 underspend</i>	<i>£</i>	<i>1,160,580.19</i>
24/25 revised budget	£	6,267,419.28

To date the status of the RAAC surveys and repair programme is as follows:

Work is progressing rapidly with the plank-by-plank surveys needed for the remaining areas on the ground and lower ground floors, including areas which have been temporarily propped and are currently in use. The programming of work in these areas is now being considered in line with service priorities. Noting that OPD A is being fast-tracked, with a completion date of mid-May 2024.

The above works and approved funding will only cover remediation repairs to P1 and P2 Planks (critical and high-risk respectively). The Amber risk planks and Green risk planks will require regular inspection every 6 or 12 months (frequency currently being considered). This inspection regime will be disruptive going forward and specialist structural engineers have advised that further deterioration of RAAC planks should be expected and, therefore, further costs will be incurred in the future and hence planned for. Also, given the concerns on the structural stability of RAAC planks, any future maintenance that requires access to flat roof areas will be challenging and will require a range of measures to avoid excessive loading.

These matters have been reported to WG to make them fully aware of the ongoing challenges of RAAC at WGH.

ADASTRA / SALUS UPDATE

The national Salus project, having been terminated before completion due to multiple failures to deliver essential project criteria on the part of the provider, has resulted in NHS Wales exiting from the project. This has resulted in WAST/111 and all Out of Hour Services operating throughout NHS Wales with the potential of not having a clinical management system from the point in time that the Adastra system (provided by Advanced) was due to be switched off – New Year's Eve 2023. Consequently, a rapid decision to renew contracts with Advanced was agreed nationally and followed a procurement process coordinated centrally with some final local negotiations.

As a result, a renewed three-year contract with 'Advanced' has recently been secured. The renewal of Adastra provides a seamless transition into 2024 and comes with opportunities to enhance the system as and when new versions are released by 'Advanced', a feature not available to provider services previously. There is also the opportunity to separate the data management arrangements from the SBUHB hosted arrangement and this will be explored early in 2024 and will offer better operating arrangements going forward.

DISPOSAL OF MEDICAL RECORDS

In 2022, three commercial sector service providers were engaged to provide a bulk scanning service for the ingestion of 307,350 non-active patient health records into CITO, the Health Board's acquired Electronic Digital Records Management System (EDRMS) as a result of a growing imbalance between storage capacity and records demand. The situation was at its worst when two nationally imposed destruction embargoes, associated with the Goddard and Infected Blood Inquiries, resulted in several years passing where no inactive records could be destroyed. It is worth noting that, at this time, if it were not for the two destruction embargoes, these records would have already been destroyed through routine housekeeping processes.

As a result of the time needed to arrange the CITO system such that scanning and ingestion could be made effective, the scanning providers' contractual arrangements allowed for local storage (paper and digital) at each locality for six months after the scanning commenced. This was exceeded and some overrun provision to cater for this was negotiated with the providers, which involved each provider being asked to commence with the scanning process and charge the Health Board for any storage impact which fell outside of their contractual terms.

With the two government inquiries now at an end, and the Health Board having received confirmation from the Covid Inquiry that records need not be retained any longer than the extant retention timescales along with others in NHS Wales, the Health Board has returned to destroying record that do not fall within the category of Long Term Conditions; a newly identified retention criteria that has emerged since the two destruction embargoes were removed and places a 20 year retention period on Health Boards and Trusts.

A paper presented to the IGSC in November 2023 secured approval for the Digital Health Records Programme Steering Group to instruct scanning providers to commence with the destruction of paper copies of the inactive record set that has already been scanned and ingested in line with contractual agreements and national retention guidelines.

Argymhelliad / Recommendation

The Board is asked to **RECEIVE** the operational update and progress report.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1382 - Risk to patients and staff due to a lack of assurance of safe estate as a consequence of RAAC (WGH) 1699 - Risk of loss of service capacity at WGH due to surveys and remedial work relating to RAAC
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	As presented
Rhestr Termau: Glossary of Terms:	ARCH – A Regional Collaboration for Health AHP – Allied Health Professions APP – Advanced Paramedic Practitioner BGH – Bronglais General Hospital CAMHS – Child Adolescent Mental Health Services CAS - Common Ailments Service CHC – Continuing Healthcare CMHC – Community Mental Health Centre CMHT – Community Mental Health Team CRHT – Crisis Resolution and Home Treatment DNA – Did Not Attend DWT – Dementia Wellbeing Team EDRMS - Electronic Digital Records Management System

	EMI – Elderly Mentally Infirm FCPs - Future Care Plans GGH – Glangwili General Hospital GIRFT – Getting It Right First Time GMS – General Medical Services GPN – General Practice Nurse HCSW – Health Care Support Worker HDdUHB – Hywel Dda University Health Board HEIW – Health Education and Improvement Wales IEG – Integrated Executive Group IGSC – Information Governance Sub Committee IPAR – Integrated Performance Assurance Report IPOS - Independent Prescribing Optometry Service ITT – Invitation to Tender LoS – Length of Stay MH&LD – Mental Health and Learning Disabilities OAMH – Older Adult Mental Health OT – Occupational Therapy PICU – Psychiatric Intensive Care Unit POC – Pathway of Care PoCD – Pathway of Care Delays PPH – Prince Philip Hospital QI – Quality Improvement RAAC - Reinforced Autoclaved Aerated Concrete RIF – Regional Integration Fund RPB – Regional Partnership Board SBUHB – Swansea Bay University Health Board SCAMHS – Specialist Child and Adolescent Mental Health Service TA – Trusted Assessor TUEC – Transforming Urgent and Emergency Care UCP – Urgent Care Practitioner VPP – Vacant Practice Panel WAST – Welsh Ambulance Service Trust WG – Welsh Government WGH – Worthybush General Hospital WTE – Whole Time Equivalent
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Operational Planning and Delivery Programme Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any financial impacts and considerations are identified in the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report
Gweithlu: Workforce:	Any issues are identified in the report

Risg: Risk:	Consideration and focus on risk is inherent within the report. Sound system of internal control helps to ensure any risks are identified, assessed and managed.
Cyfreithiol: Legal:	Any issues are identified in the report
Enw Da: Reputational:	Any issues are identified in the report
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable